



Christian Life Counseling of SWVA, LLC  
 602 Radford Street  
 Christiansburg, VA 24073  
 540-382-1751 (phone)  
 540-382-1740 (fax)  
[www.christiancounselingswva.com](http://www.christiancounselingswva.com)

**Authorization for Release of Protected Health Information**

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Christian Life Counseling of SWVA (independent providers Lisa Pugh, LPC, Kimberly Price, LPC & Tiffany McCann-Vaught, LPC, Stephanie Whited, LCSW ) to

disclose  receive the following protected health information as indicated below (check all that apply):

- Evaluations  Psychiatric Evaluations  VA Preadmission Screenings  Progress Notes  
 Psychiatric Treatment Notes  Treatment Plan  Treatment Plan Reviews  Discharge Summary  Listing of Services Provided  
 Lab Results  Drug Screen Results  Compliance Reports  Educational records  
 Medication Summary  Other (specify): \_\_\_\_\_

From within the following date parameters:  All Dates  From: \_\_\_\_\_ To: \_\_\_\_\_  
 To (Person or Organization for which release is authorized above):

Name of Person or Organization: \_\_\_\_\_  
 Address : \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

For the purpose of:

- Treatment Planning  Coordinate Care  Report on Progress  
 Referral for other treatment  Verify Compliance  Legal consult/hearing  
 Determine Disability  Vocational  At the request of the individual  
 Other (specify): \_\_\_\_\_

I understand that the information authorized for release above may contain:

- \* Substance use treatment information  
 \* Co-occurring mental health treatment information that may include substance use treatment  
 Human Immune Deficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) related Information

\* NOTICE: Information approved for disclosure based on this authorization may be protected by Federal Regulations (42 CFR Part 2,) which prohibit a recipient from making any further disclosure of alcohol or substance abuse treatment information unless expressly permitted by written authorization of the person to whom it pertains or their legal representative or otherwise permitted by 42 CFR Part 2. These Federal Regulations also restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client. 42 CFR Part 2 permits only limited disclosures regarding deceased clients when required by federal or state laws for the collection of vital statistics or an investigation into cause of death.

**As the individual signing this Authorization, I understand:**

I am giving my permission) Christian Life Counseling of SWVA (independent providers Lisa Pugh, LPC, Kimberly Price, LPC, Stephanie Whited, LCSW & Tiffany McCann-Vaught, LPC,) to disclose/receive my confidential health records. That my signing this Authorization is voluntary. My health information is protected by federal HIPPA Privacy regulations. If the organization authorized to receive the Information is not a health plan, healthcare clearing house or health care provider covered by federal privacy regulations, the released Information may no longer be protected from further use or disclosure by federal privacy regulations and may be subject to redisclosure by the recipient(s). Christian Life Counseling of SWVA (Lisa Pugh, LPC, Kimberly Price, LPC, Stephanie Whited, LCSW & Tiffany McCann-Vaught, LPC) may not condition treatment, payment, or enrollment on the signing of this Authorization. A photocopy of this Authorization is valid as the original, and that I am entitled to a copy of this Authorization. Paper or electronic copies of my records may be used to facilitate disclosure of my information. I understand that I may see and receive a copy of the Information described on this Authorization if I request it in writing. I understand that I have the right to refuse to sign this Authorization.

This consent expires automatically one year from the date signed, unless otherwise indicated below:

This Authorization will expire on \_\_\_\_\_ (this date can be no more than one year from the date of the signature below).

I may revoke this consent at any time by signing and dating a formal request, except to the extent that action has already been taken in reliance upon it.

\_\_\_\_\_  
 Client/ parent/ guardian Signature client/parent/guardian printed name Date

\_\_\_\_\_  
 Counselor Date

